

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 2316.1662WO11

Box No. I TITLE OF INVENTION
EMI SHIELDED MODULE

Box No. II APPLICANT

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

ADC TELECOMMUNICATIONS, INC.
13625 Technology Drive
Eden Prairie, Minnesota 55344-2252
United States of America

This person is also inventor

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

LOEFFELHOLZ, Todd A.
10005 Kingman Lane
Minnetonka, Minnesota 55305
United States of America

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: agent common representative

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

BRUESS, Steven C.
Merchant & Gould P.C.
P.O. Box 2903
Minneapolis, Minnesota 55402-0903
United States of America

Telephone No.
612/ 336-4711

Facsimile No.
(612) 336-4751

Teleprinter No.

Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III		FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS	
<i>If none of the following sub-boxes is used, this sheet is not to be included in the request.</i>			
<p>Name and address <small>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>BLUBAND, Zakhary 11484 Fairfield Rd. #401 Minnetonka, Minnesota 55305 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <small>(If this check-box is marked, do not fill in below.)</small></p>		
State (i.e. country) of nationality: US		State (i.e. country) of residence: US	
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>			
<p>Name and address <small>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>CZYSCON, Joseph S. 14600 34th Avenue North Plymouth, Minnesota 55447 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <small>(If this check-box is marked, do not fill in below.)</small></p>		
State (i.e. country) of nationality: US		State (i.e. country) of residence: US	
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>			
<p>Name and address <small>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>MCCLELLAN, Terry E. 9090 Peony Lane N. Maple Grove, Minnesota 55301 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <small>(If this check-box is marked, do not fill in below.)</small></p>		
State (i.e. country) of nationality: US		State (i.e. country) of residence: US	
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>			
<p>Name and address <small>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>PODELL, Allen 1351 Harker Avenue Palo Alto, California 94301 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <small>(If this check-box is marked, do not fill in below.)</small></p>		
State (i.e. country) of nationality: US		State (i.e. country) of residence: US	
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>			
<p><input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.</p>			

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

If none of the following sub-boxes is used, this sheet is not to be included in the request.

<p>Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p> <p>OGREN, Bruce C. 5912 Sun Road Edina, Minnesota 55436 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p>
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<p>State (i.e. country) of nationality: US</p>	<p>State (i.e. country) of residence: US</p>
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<p>This person is applicant for the purposes of:</p>	<p><input type="checkbox"/> all designated States</p>	<p><input type="checkbox"/> all designated States except the United States of America</p>	<p><input checked="" type="checkbox"/> the United States of America only</p>	<p><input type="checkbox"/> the States indicated in the Supplemental Box</p>
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<p>Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p> <p>SCHOMAKER, David E. 163 White Pine Road Lino Lakes, Minnesota 55014 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p>
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<p>State (i.e. country) of nationality: US</p>	<p>State (i.e. country) of residence: US</p>
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<p>This person is applicant for the purposes of:</p>	<p><input type="checkbox"/> all designated States</p>	<p><input type="checkbox"/> all designated States except the United States of America</p>	<p><input checked="" type="checkbox"/> the United States of America only</p>	<p><input type="checkbox"/> the States indicated in the Supplemental Box</p>
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<p>Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p> <p>KEREKES, James 921 East Paquin Street Waterville, Minnesota 56096 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p>
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<p>State (i.e. country) of nationality: US</p>	<p>State (i.e. country) of residence: US</p>
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<p>This person is applicant for the purposes of:</p>	<p><input type="checkbox"/> all designated States</p>	<p><input type="checkbox"/> all designated States except the United States of America</p>	<p><input checked="" type="checkbox"/> the United States of America only</p>	<p><input type="checkbox"/> the States indicated in the Supplemental Box</p>
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<p>Name and address <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p>
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<p>State (i.e. country) of nationality:</p>	<p>State (i.e. country) of residence:</p>
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<p>This person is applicant for the purposes of:</p>	<p><input type="checkbox"/> all designated States</p>	<p><input type="checkbox"/> all designated States except the United States of America</p>	<p><input type="checkbox"/> the United States of America only</p>	<p><input type="checkbox"/> the States indicated in the Supplemental Box</p>
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<p><input type="checkbox"/></p>	<p>Further applicants and/or (further) inventors are indicated on another continuation sheet.</p>
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Box No. V DESIGNATION OF STATE

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- EP European Patent:** AT Austria, BE Belgium, BG Republic of Bulgaria, CH and LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Republic Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania SE Sweden, SK Slovak Republic, SL Slovenia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | |
|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> LK Sri Lanka |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> LR Liberia |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> LS Lesotho |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> LT Lithuania |
| <input checked="" type="checkbox"/> AT Austria and utility model | <input checked="" type="checkbox"/> LU Luxembourg |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> LV Latvia |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> MA Morocco |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> MD Republic of Moldova |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> MG Madagascar |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> MN Mongolia |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> MZ Mozambique |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> CO Columbia | <input checked="" type="checkbox"/> OM Oman |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> PH Philippines |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> CZ Czech Republic and utility model | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> DE Germany and utility model | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> DK Denmark and utility model | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> SC Seychelles |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> EC Ecuador | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> EE Estonia and utility model | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> FI Finland and utility model | <input checked="" type="checkbox"/> SK Slovakia and utility model |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> TZ Tanzania |
| <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> ZM Zambia |
| <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> KZ Kazakstan | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> LC Saint Lucia | |

In addition to the designations made above, the applicant also makes under Rule 4.9(b) all designations which would be permitted under the PCT except the designation(s) of _____ The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request form.

1. If in any of the Boxes, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ..."
[indicate the number of the Box] and furnish the information in the same manner as required according to the captions of the Box in
which the space was insufficient in particular:

- (i) If more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
- (iii) if in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
- (v) if in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
- (vi) if there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.
- (vii) if, in Box No. VI, the earlier application is an ARIPO application: in such case, write "Continuation of Box No. VI," specify the number of the item corresponding to that earlier application and indicate at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed.

2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

3. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to lack of novelty: in such case, write "Statement Concerning Non-Prejudicial Disclosures or Exceptions to Lack of Novelty" and furnish that statement below.

Continuation of Box No. V DESIGNATION OF STATES:

US United States of America designation is a Continuation-In-Part of U.S. Serial No. 10/094,513

Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. If in any of the Boxes, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ..." [indicate the number of the Box] and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient in particular:

- (i) if more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
- (iii) if in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
- (v) if in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
- (vi) if there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.
- (vii) if, in Box No. VI, the earlier application is an ARIPO application: in such case, write "Continuation of Box No. VI," specify the number of the item corresponding to that earlier application and indicate at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed.

2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

3. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to lack of novelty: in such case, write "Statement Concerning Non-Prejudicial Disclosures or Exceptions to Lack of Novelty" and furnish that statement below.

Continuation of Box No. V DESIGNATION OF STATES:

US United States of America designation is a Continuation-In-Part of U.S. Serial No. 10/094,513 filed 07 March 2002 (07.03.02)

Box No. VI PRIORITY CLAIM Further priority claims are indicated in the Supplemental Box.

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
item (1) 07 March 2002 (07.03.2002)	10/094,513	US		
item (2)				
item (3)				

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1)

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which the earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

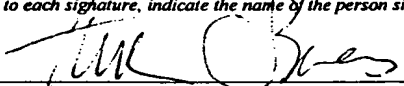
Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA / US	Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):		
	Date (day/month/year): 03/07/2002	Number: 10/094,513	Country (or regional Office): US

Box No. VIII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets: request : 6 description (excluding sequence listing part) : 15 claims : 6 abstract : 1 drawings : 17 sequence listing part of description : 0 Total number of sheets : 45	This international application is accompanied by the item(s) marked below: 1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> separate signed power of attorney 3. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input checked="" type="checkbox"/> Other (specify): Gen. Transmittal (in dupl), Return Postcard
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Figure of the drawings which should accompany the abstract: _____ Language of filing of the international application: English

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).
 By  _____
 Steven C. Bruess

For receiving Office use only		2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
1. Date of actual receipt of the purported international application:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority (if two or more are competent): ISA/	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

For International Bureau use only
 Date of receipt of the record copy by the International Bureau: _____

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International application No. _____

Applicant's or agent's
file reference 2316.1662WO11

Date stamp of the receiving Office _____

Applicant
ADC TELECOMMUNICATIONS, INC.
CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

240. T

2. SEARCH FEE

450. S

International search to be carried out by US
(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

The international application contains 45 sheets.

first 30 sheets 407. b₁

$\frac{15}{\text{remaining sheets}} \times \frac{9}{\text{additional amount}} = 135. \text{ b}_2$

Add amounts entered at b₁ and b₂ and enter total at B 542. B

Designation Fees

The international application contains all designations

$\frac{5+}{\text{number of designation fees payable (maximum 10)}} \times \frac{88.}{\text{amount of designation fee}} = 440. \text{ D$

Add amounts entered at B and D and enter total at I 982. I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT 20. P

5. TOTAL FEES PAYABLE

1692.

Add amounts entered at T, S, I and P,
and enter total in the TOTAL box

TOTAL

The designation fee is not paid at this time.

MODE OF PAYMENT

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> authorization to charge deposit account (see below) | <input type="checkbox"/> bank draft | <input type="checkbox"/> coupons |
| <input type="checkbox"/> cheque | <input type="checkbox"/> cash | <input type="checkbox"/> other (specify) |
| <input type="checkbox"/> postal money order | <input type="checkbox"/> revenue stamps | |

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/US is hereby authorized to charge the total fees indicated above to my deposit account.

is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.

is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

13-2725

7 March 2003

Deposit Account Number _____

Date (day/month/year) _____

Steven C. Bruess